



National  
Aeronautics and  
Space  
Administration

## Acquisition of Information Technology for Midrange Requirements (\$50K - \$500K) and Phase II Small Business Innovative Research Acquisitions

APPLICABILITY: MIDRANGE AND PHASE II SBIR ACQUISITIONS WITHIN NASA'S DELEGATED PROCUREMENT AUTHORITY

CHECK ALL RESOURCE TYPES THAT APPLY:

☐ **HARDWARE**  
(Includes Telecommunications)

☐ **SOFTWARE**

☐ **SUPPORT SERVICES**  
(Includes Maintenance)

### SECTION I - IDENTIFICATION

1. SR NUMBER	2. TITLE	3. DATE PREP
4. NASA INITIATOR (Name and signature)*	5. INITIATOR'S PHONE	6. SUITE
		7. REQ. DELIVERY DATE
8. CUSTOMER SERVICE REPRESENTATIVE (Name)*	9. CSR'S PHONE	10. ORGANIZATION

**\*NOTE: To be notified upon delivery.**

### SECTION II - EXECUTIVE SUMMARY

1. IS THIS ACQUISITION a. Compatibility limited? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, see Part III 1.c) b. Competitive? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, see Part III 1.b)	2. ESTIMATED COST DATA (Part IV, Col. C Total)
3. ACQUISITION METHOD (Check all that apply) <input type="checkbox"/> Purchase <input type="checkbox"/> Straight Lease <input type="checkbox"/> Other (List) _____	
4. DESCRIPTION OF ACQUISITION	

### SECTION III - REQUIREMENTS ANALYSIS

1. Estimated System/Item/Contract Life:  YEARS _____	2. If disabled employees require access, does this acquisition comply with all relevant policies? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, attach explanation.)
3. If any permanent records are being created, do they comply with all relevant policies? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, attach explanation.)	4. If acquiring microcomputers, do they comply with EPA Energy Star requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, cite date of waiver.)
5. FUNCTIONAL DESCRIPTION OF REQUIREMENT: a. Workload, function, informational needs, quantity(ies):          b. Projected growth:          c. Existing deficiencies:          d. Facility impact:	

6. SECURITY	
a. CLASSIFIED data processed (e.g., Secret, Top Secret, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list date/title of Designated Approval Authority (DAA) Accreditation Document: _____ / _____
b. SENSITIVITY Level of the system? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	List date/title of the Sensitive Application Certification: _____ / _____
c. RISK ANALYSIS Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	List date/title of the DPI Risk Assessment: _____ / _____
d. AIS SECURITY MANUAL or PLAN: Does this acquisition comply with the local Automated Information System (AIS) Security Policy? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, attach explanation.)	

### SECTION IV - RECORD OF APPROVALS

APPROVING OFFICIAL	TYPED OR PRINTED NAME	SIGNATURE	DATE
ORIGINATOR/TECHNICAL TITLE:			
CONTRACTING OFFICER			
INFORMATION RESOURCES MANAGEMENT			

TITLE:  
SR #:

Acquisition of Information Technology for  
Midrange Requirements (\$50K-\$500K) and Phase  
II Small Business Innovative Research  
Acquisitions (continued)

### III. ANALYSIS OF ALTERNATIVE - PART I

1. MARKET RESEARCH RESULTS:

a. List the products/vendors capable of meeting requirements:

b. If only one product/vendor was determined to meet the requirements, attach a Justification for Other than Full and Open Competition (JOFOC) or Contractor Justification that indicates how the determination was made.

☐ Attached

☐ Submitted with original requirements document

☐ N/A

c. A CONVERSION STUDY is:

☐ Attached

☐ Submitted with original requirements document

☐ Not Prepared (Attach an explanation)

2. SPECIFIC ANALYSIS OF ALTERNATIVES (Determine the feasibility for each IT resource group alternative that is applicable to this document. For each feasible alternative, calculate the Total Cost (present value). Refer to NHB 2410.1, "NASA Information Resources Management Handbook," section 20.2, for a list of the required alternatives that must be considered.)

3. ALTERNATIVE(S) SELECTED:

4. RATIONALE FOR SELECTION OF ALTERNATIVE:

☐ Lowest Total Cost

☐ Mandatory GSA

☐ Other (Explain below)

### IV. IMPLEMENTATION PLAN

1. ESTIMATED CONTRACT COST  
AND FUNDING DATA  
PROGRAM(S) SUPPORTED

PORTION (\$K) OF LINE TOTAL  
THAT IS:

ACQUISITION ITEM	\$K for:					C LINE TOTALS	D E F COMPET. NON- COMPET. COMPAT. LIMITED		
	FY ____	FY ____	FY ____	FY ____	FY ____				
Hardware									
Software									
Support Services									
Commercial Services									
Consumable Supplies									
(A) All IT Resources - TOTAL									
Non-IT Resources									

NOTES:

- Total A must equal Total B.

- Total C must equal the sum of D, E, and F for each line.

- If necessary, use an attachment to document Estimated Costs and Funding Data for periods longer than 5 fiscal years.

UPN No(s) - IT Resources Only

(B) All UPNs - TOTAL					

2. APPLICABLE FIPS NUMBERS: List the numbers of all applicable FIPS that will be followed and all applicable FIPS that will not be followed. (Attach waivers or requests for waivers.)